

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

MAR 02 2010

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

| | |
|---|-------------------------------------|
| DataMaster cdm S/N <u>130179</u> | |
| Supervisor/Operator Performing the Verification Procedure: | |
| Name <u>V. Eugene Fowler</u> | ID# <u>4386</u> Date <u>2-28-10</u> |
| A Agency <u>Alaska State Troopers</u> Phone # <u>262-4453</u> | |
| Instrument Location <u>Soldotna AST Post</u> | |
| B Alco S/N <u>X172968</u> Target Value <u>.082</u> High Pressure <u>750</u> | |
| Alco Test Value Average <u>.080</u> <u>.079</u> | |
| 1 st Alco 2 nd Alco | |
| Signature <u>V. E. Fowler</u> <u>COS</u> | |
| 3/11/10 | |
| (OVER) | |

I, Nita J. Bolz, after being first duly sworn, depose and state as follows: (Do Not write in the area below)

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

Nita J. Bolz

Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this 23rd day of March, 2010.

Carolyn M. Noland

Notary Public, State of Alaska

Commission Expires with Office

